



Influenza Vaccine Requirements for Emergency Medical Technicians (EMTs) Frequently Asked Questions • December 2012

To read the R.I. Regulations Pertaining to Immunization, Testing, and Health Screening for Healthcare Workers, please visit: <http://sos.ri.gov/documents/archives/regdocs/released/pdf/DOH/7083.pdf>

- On December 5, 2012, the Director of the Rhode Island Department of Health (HEALTH) declared influenza to be widespread in Rhode Island. All healthcare workers should be vaccinated against seasonal influenza as soon as possible, and it is good professional practice to receive it to help prevent the spread of the flu virus to yourself, co-workers, patients, and your family members. The purpose of the masking requirement – as the regulations state in § 5.11 – is to “ensure patient safety and to reduce the chance of healthcare workers spreading the influenza virus.”
- The new masking regulations do **NOT** apply to municipal EMTs. The regulations **DO** apply to EMTs whose company is under contract with a healthcare facility.
- EMTs employed by private ambulance services (“private EMTs”) who have not received the flu vaccine – when inside a healthcare facility with whom the private company has a contract – must wear a surgical face mask during direct patient contact (during a widespread influenza period, see sections 1.6, 5.3 and 5.4).
- The new regulations do not require the wearing of the mask continuously, or outside of a facility. Regulations do not require a facility to stop an unmasked, unvaccinated EMT from entering it.
- Unvaccinated private EMTs do not have to wear a mask for an entire shift unless they have direct patient contact in a facility for an entire shift. Infectious disease experts recommend using a new mask at least every four hours or sooner if the mask becomes too moist or soiled. The mask may be removed if no patients are near, or approaching near, the healthcare worker. While the regulations do not require unvaccinated private EMTs to wear masks in an ambulance, good professional practice suggests that such EMTs should do so.
- Infectious disease experts also recommend that those wearing a mask should replace it if damaged; avoid touching the inside or outside of a mask that could be dirty; and remove a worn mask, discard into general trash, and then perform hand hygiene before touching any items.
- The regulations define “direct patient contact” as all routinely anticipated face-to-face contact with patients, such as when:
 - ☐ speaking with a patient in person
 - ☐ entering a patient’s room
 - ☐ transporting a patient throughout a facility
 - ☐ performing a procedure on a patient
- The regulations clearly state in section 5.5 that “No healthcare worker shall be required to explain his or her refusal to obtain an annual seasonal influenza vaccination, nor shall any healthcare facility inquire into the basis of such refusal.” Nothing in the regulation allows or mentions that healthcare workers should or must be identified to the public. The requirement is to wear a mask -- not a badge or a colored dot, or anything but a surgical face mask. No explanation must be provided to employers or patients.
- If you are an unvaccinated municipal EMT who works in another healthcare role, the new regulation about surgical face masks does apply to you in that role in the following type of facilities: hospital, nursing home, home nursing agency, rehab center, kidney treatment center, HMO, hospice, freestanding emergency facility, and ambulatory surgical centers.